

City of Kent Commute Trip Reduction Program

The City of Kent is providing up to \$50 per employee per month to subsidize ORCA cards for bus, train, vanpool or ferry pass. To apply for this benefit, please choose the E-Purse or Monthly Pass and complete the necessary information. Your monthly contributions are loaded on your ORCA card by the first of the following month. For example, Feb 5th and Feb 20th will be loaded by March 1st.

☐ E-purse

An E-purse holds a balance, and the fare due for your ride is deducted from that balance. This option can be combined with pre-tax payroll deductions.

E-purse restrictions:

1. **The maximum stored value for an E-purse is \$300.** It is **YOUR** responsibility to monitor your balance and request changes to your City or payroll contribution to prevent your balance from exceeding \$300. If your balance exceeds \$300, you will not be eligible to participate in the E-purse option through the remainder of the year.
2. **All cards MUST be tapped to an ORCA reader within 60 days** of funds being loaded onto your card or the funds will not be available for use.

Enter the Monthly Total

City contribution – Up to \$50	\$
*Your monthly pre-tax deduction	\$
Monthly E-purse total	\$

*To calculate your pay period deduction divide the monthly pre-tax deduction by 2 = _____

OR

☐ Monthly Transit Pass

Please select your Pass and fill in the blanks. See ORCA Product List for fares and monthly prices. The maximum City contribution is \$50 per month.

Select
One:

City
Contrib. Your
Contrib.

<input type="checkbox"/> ORCA Monthly Pass	Per trip fare \$ _____	Purchase Price \$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> ORCA Vanpool Pass	1 Zone	Purchase Price \$ 99	- \$ 50	= \$ 49
<input type="checkbox"/> ORCA Vanpool Pass	2 Zone	Purchase Price \$ 108	- \$ 50	= \$ 58
<input type="checkbox"/> ORCA Ferry Pass	Location: _____	Purchase Price \$ _____	- \$ 50	= \$ _____

To calculate your per-pay-period deduction divide your contribution by 2 = _____

Employee statement:

I authorize the above payroll deduction and agree to notify Human Resources by the 1st of the month to cancel this arrangement for monies loaded the following month. I understand that money loaded onto my card cannot be refunded under any circumstances. I will be using this benefit for my regular daily direct commute from home to work and return, per IRS regulations. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. Replacement cards will cost \$5 per card.

Signed Name: _____ Date: _____

Printed Name: _____ ORCA Card #: _____